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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V40971

(6)

1. Corporation Name  
BRIAN VEALE PAINTING, INC.



Principal Place of Business

PO BOX 1355  
ISLAMORADA FL 33036

Mailing Address

PO BOX 1355  
ISLAMORADA FL 33036-1355

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CROWELL, GUS H  
91760 OVERSEAS HWY  
TAVERNIER FL 33070

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

04/17/1996

4. FEI Number

65-0336504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VEALE, BRIAN  
STREET ADDRESS 81909 OLD HWY  
CITY-ST-ZIP ISLAMORADA FL ☐ DELETE

TITLE S  
NAME VEALE, MARY  
STREET ADDRESS 81909 OLD HWY  
CITY-ST-ZIP ISLAMORADA FL ☐ DELETE

TITLE V  
NAME KUNC, KARL  
STREET ADDRESS 181 EAST RIDGE RD  
CITY-ST-ZIP TAVERNIER FL ☐ DELETE

TITLE T  
NAME JENKINS, MICHAEL T.  
STREET ADDRESS 117 JERMONE ST  
CITY-ST-ZIP ISLAMORADA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition  
1.2 NAME Burkel, Kyle  
1.3 STREET ADDRESS 82754 Overseas Hwy.  
1.4 CITY-ST-ZIP Islamorada, FL. 33036

2.1 TITLE T ☒ Change ☐ Addition  
2.2 NAME Pellitier, Robert  
2.3 STREET ADDRESS 730 Largo, Rd.  
2.4 CITY-ST-ZIP Key Largo, FL. 33037

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (9/96)